

Administration, Kansas Department of

Moderator: Ross, Becky

April 25, 2019

09:00 AM CT

OPERATOR: This is Conference # 1789967

Operator: Good morning. My name is Kathy and I will be your conference operator today. At this time, I would like to welcome everyone to the KanCare 2.0 Implementation Conference Call. All lines have been placed on mute to prevent any background noise. After the speaker's remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you. Ms. Ross, you may begin your conference.

Becky Ross: Thank you, Kathy. Good morning, everyone. Welcome to the last KanCare Implementation Call. Just a reminder that all of our transcripts and recordings are posted on the KanCare website as will be this one for this call. So, you can find them there and we will have updates today from our three managed care plans as well as first data. So, with that I'll turn it over to Keith Wisdom for the Aetna update.

Keith Wisdom: Hello. Keith Wisdom from Aetna. Couple of things to announce. As announced at the All-MCO training sessions this week, we are extending a certain transition of care practices through the end of May. So, the same practice is to primarily two practices that we extended in April, we will extend through May. And that is if you're an eligible Medicaid provider, then you will continue to be treated as in-network even if you're not yet contracted with the Better Health and paid 100% of the Medicaid fee-for-service rate.

And also providers who are not contracted or who have not completed credentialing will be treated as in-network for prior authorization standpoint. So, the in-network prior authorization which will apply that out-of-network providers for May. So, that's the first news. The second is just a reminder the claims resolution log has updates including for under very limited situations where people are looking for an ERA and need a five to ten file online. That situation has been updated in the claims resolution log along with other issues. So, just a reminder of that tool that the state has. Thank you.

Becky Ross: Thanks, Keith. Now I'll turn it over to Sunflower for their update.

Michelle Boller: Good morning this is Michelle Boller from Sunflower Health Plan. We don't have any new issues to report related to the 2.0 implementation; however, RCR log updates on Aetna's [?] website are up-to-date. So, we encourage providers to reference that to look for any known global issues.

Becky Ross: Thanks, Michelle. And finally we'll turn it over to Uninex for their update.

Carrie Kimes: Hi, good morning. This is Carrie Kimes and similar to Michelle's update no new KanCare implementation issues to report. Just a quick update on our All-MCO provider training. We just completed our first two sessions in Hayes in Wichita and had, you know, great turn out from providers, lots of great questions. So, if you do not get a chance to join us in Hayes or Wichita, you have one last shot to join us for training next Wednesday, May 1st (inaudible) and we would look forward to seeing you. And that's all I have today, Becky.

Becky Ross: Thanks, Carrie. And finally we'll turn it over to Candace Cobb for information from First Data.

Candace Cobb: Good morning, everyone. This is Candace with First Data. Just my two gentle reminders that if you have an issue, please do contact our help desk. Help desk can be reached at 1800-441-4667. If your question cannot be answered directly by a tech who answers the phone, that tech will create a ticket for further escalation and give you the ticket number so that you can check back on that, but also you can email any screenshots or any questions to Authenticare.support@firstdata.com.

If you are not receiving flash communications from me or have a question about those, I do the program and services/communications, we also have technical communications that come out of our Cincinnati office, so please email me your email address and the agency with whom you work and I will make sure you get on that list for both the tech notices as well as my program and then service notices. Thank you very much.

Becky Ross: Thanks, Candace.

Candace Cobb: You're welcome. Yeah, Kathy, I think we're ready for questions.

Operator: Again this time, if you would like to ask a question, please press star then the number one. And we do have a question from the line of Barb Zimmerman.

Barb Zimmerman: Good morning. This is Barb with Helpers Inc. And I was on the call last week and asked a couple of questions from Aetna and I did not get a response from anyone from Aetna regarding those questions. They indicated they'll call me. My questions were, I had some voided claims that we sent via CMS 1500. They denied as duplicates instead of being voided. Those have not been resolved and also I needed some help with our 835 ERA problem we're having. So, is there somebody who can reach out to me to go over some of these issues?

Mike McClaire: Hi, Barb. This is Mike McClaire, I will connect with (inaudible) CEO and make sure that she gets in touch with you today.

Barb Zimmerman: Okay and then I have another concern. I know you indicated this is our last call, but I feel like there're several important issues to SMS providers with Aetna that have not been resolved. We've been talking for several weeks about the ISP's, we still have not received any. I know they're working on those. The fact that we can't correct a claim on a web portal is a concern and the fact that the obligations are still not being withheld. I know again they've been saying they're working on it, but it still is not happening. So, I'm just wondering who are we going to be in contact with or who is overseeing that these issues are going to be resolved because once this call stops I am not sure who we need to contact.

Mike McClaire: Barb, this is Mike again. What I would recommend I'll get this set up, but we'll set up a weekly call with you with provider experience and our medical management team and, you know, work through any outstanding issues until they resolve.

Kimberly Glenn: Barb, this is Kim Glenn took and key issues you related to client obligation along with your 835 ERA issues and that those are also on the claims resolution log to follow, but those will be key things. Then, I think it's important that we have that one-on-one meeting with you every week to keep the conversation going.

Barb Zimmerman: Great. I would appreciate that. Thank you very much.

Shirley Norris: And Barb, this is Shirley Norris from KDHE. You've reached out to me before. Feel free to reach out to me with any issues of all the NCOs. And for those of you on the call, my email is shirley.norris@ks.gov. If it's a claim issue, please include a few examples of the claims, a description of the issue. I do have a secure email. So, you can just send it to me secure. If you need to fax me and give me an email and I can give you the fax number to send me a secure fax if you need too. But any information you can send, always help people research the case. Thank you.

Operator: And the next question comes from the line of Alan Webber.

Alan Webber: Yes, my name is Alan from Salina Regional Health Centre and we've been working with our clearing house, the SSI grouping since January first regarding the 835 remittances and I was also like to previous call needing assistance with that still and didn't know if we had a contact person there, I had no better help I could talk to and help get that issue resolved.

Mike McClaire: Hi, yeah, this is Mike McClaire here. I will have your provider experience rep reach out to you this afternoon. Can I get your name and phone number again?

Alan Webber: Sure. Alan Webber and my phone number is 785-452-6769.

Mike McClaire: Great. Thanks, Alan. We'll get in touch with you this afternoon.

Alan Webber: Thank you.

Mike McClaire: You're welcome.

Operator: Once again to ask a question, please press star then the number one. Your next question comes from a line of Gail Herndon.

Gail Herndon: Good morning. I'm with OCCK and I have a few repeat questions, one from last week. I had indicated that we have over 15 claims that your system is saying it's paid, it's almost 14,000 dollars; however, there has been no cash, no cheque deposited. There's no remittance advice that indicates these claims are paid and I asked someone to check on that last week and have not heard anything back.

I sent a detailed email with all the claim numbers that are listed on a report I got from our provider rep and haven't heard a response to that email as well. So I've been trying to do something with this since April 12th. So, would appreciate someone getting back. And again the elephant in the room when are we gonna see the client obligations corrected and being deducted correctly. I've got over 210 ten claims that I'm tracking now for three months. So, when can we see an improvement on that and again, this is all for Aetna.

Kimberly Glenn: First of all, Gail, this is Kim Glenn and we apologize that follow up did not occur from last week. We will make sure and again I think with ongoing issues I think it's important that our provider experience team also is having a weekly meeting with you to make sure that things are moving. Client obligation is on the claims resolution log. We are reviewing with you. We do have the claims reprocessing spreadsheet. We're reviewing that to make sure it's correct before we release that and correct those claims and then I will double check because we should be doing that on current day claims. So, we'll continue to follow through and I'll make sure when somebody reaches out that we are double checking what's happening at OCCK.

Gail Herndon: Just to clarify, are you having any current issues with client obligation, are they processing.

Mike McClaire: Then, none of them are being deducted, none of them. Every single person we have, I have over 70 people with that. Now, they have client

obligations and none of them are being deducted. They have it mentioned first of the year. So, that has compounded. So, I have over 200 claims. I'm tracking now that client obligations were not deducted.

Kimberly Glenn: We will circle back around as soon as we're off this call related to current day clients and we'll deal with that even from separate firm what we got to do with your claims that have paid that you cannot file, so we will go from there.

Gail Herndon: The biggest issue on this is we've got to get those client obligations started deducting. So, I don't have to keep adding claims that I'm tracking.

Kimberly Glenn: Correct, correct, Gail. Okay. As soon as we get off this call we'll get circled back around with our project manager on that and go from there. All right, thank you, Gail.

Operator: Once again, to ask a question please press star then the number one. Your next question comes from an unidentified caller. Could you please state your name and ask your question?

Belinda Mahoney: Hi this is Belinda Mahoney from the Hutch Clinic. I also didn't get a response from my call last week regarding a credentialing issue for one of our providers and also a contact person for guidance [?]. I would also like to have a weekly call until we get these matters taken care of. We did reach out to our rep about the provider is Dr. Jeremy Kempke that was left out of our credentialing list and she was unable to help us. So, can I get someone to call me back, please? This is for Aetna by the way.

Mike McClaire: Belinda, this is Mike. Yeah, I will make sure that somebody gets in touch with you today. I know I had gotten a note that they were working on a status on Jeremy Kempke and I thought that the provider rep had followed up with you, so I obviously didn't connect. So, I will make sure that we get connected with you today and I agree we can certainly set up a weekly call until we get these issues resolved.

Belinda Mahoney: Okay, thank you.

Mike McClaire: You're welcome.

Operator: Your next question is a follow up from Alan Webber.

Patty Thompson: Hi! This is Patty Thompson with Salina Regional Health Center and my question is for Aetna as well. We signed our contract prior to Christmas of last year and we're getting payments, but they're not accurate because the contracts haven't been loaded. We have been in contact with our rep and she can tell me that the contracts are currently being loaded, but she can't give me an estimated time of when it'll be completed. So, now we're having claims process incorrectly that will all be reprocessed again. Is there any way we can get an estimated time of when that will be implemented into the Aetna system.

Mike McClaire: Yeah, I will take a look at that specifically and reach out to you hopefully this afternoon and then be able to provide some ETA on that. And what was your name or do you want me to reach out to Alan or you.?

Patty Thompson: Yeah, that's fine.

Male Speaker: Yeah, that's fine.

Mike McClaire: Thank you.

Male Speaker: Thank you.

Operator: And your next question is from Natalie Nelson.

Natalie Nelson: Yes, my name is Natalie. I'm calling from the Independent Living Resource Center and this question is for Aetna, I mean that previous question may have answered it, but it's imperative. I do accounts receivables and it's imperative that I'd be able to do claim reconsideration through the portal. When am I going to be able to do that? Doing it over the phone and through the mail is really not acceptable. So, when am I going to be able to do claim reconsiderations on the Aetna website?

Keith Wisdom: So, Natalie, this is Keith Wisdom. That's not a current functionality on our web portal and we'll be working with our web team to see if that's possible. We'll be back in contact with you on that issue.

Natalie Nelson: You can see how important that would be to be able to do it on the web as

opposed to doing it through the mail or on the phone.

Keith Wisdom: Natattie, so the team can get back with you, I need your phone number.

Natalie Nelson: It's 316-942-6300.

Operator: At this time, there are no further questions. I do apologize, you have a question from the line of Ruth Cornwall.

Ruth Cornwall: Hi! good morning. My question is for Aetna. Keith or Kim, I think it would be helpful, can you tell the group what a provider can expect when reaching out to a rep as far as turn-around-time on follow up. Not necessarily resolution of the issue, but a response to someone reaching out.

Kimberly Glenn: The expectation is they are to call on the same day that the call comes in. They may not have the answer, but the expectation is they are to acknowledge and give them any information that they have on the resolution –

Operator: Again, once again to ask a question please press star then the number of one. You have a question from the line of Stacy Jones.

Stacy Jones: Hi! This is Stacey Jones with Helpers Inc. We were an FNF provider and I just following up to the earlier question to Aetna about correcting claims. Honestly, it is very unrealistic to think we can do these via paper or with our provider reps. And I think if it's not your portal then it's gonna be pay span or some other vehicle, but we cannot do them via CMS 1500. That's just unrealistic as a provider to do that.

Kimberly Glenn: Stacy, we do hear you and we will be doing that investigation and could I go ahead and get which agency you're within your phone number.

Stacy Jones: Yes, I'm with Helpers Inc., and its 913-322-7212. And, you know, the reason I bring this up is we corrected a couple of claims via CMS 1500 and then unfortunately Aetna didn't accept those corrections and they rejected them. Well, so, now we're 15 days into the claim and now we've got to do it via paper again, it just doesn't make sense, it's on time effective for you guys and it's not time effective for us.

Kimberly Glenn: I understand completely and so we will go from there and we will give you a call back. Thank you so much.

Stacy Jones: Thank you.

Operator: Again, at this time there no questions. Again, at this time there're still no questions. And as a reminder you may press star then the number one to ask a question. We do have a question from the line of Cindy Mann.

Cindy Mann: Yes, my question is kind of back to when they were asking about the web portal to submit some information on it. And that's for reconsiderations and appeals because I am agreeing that the paper does not work. I had heard that instead of just going to the Aetna website that perhaps you're all were going to be using the website that you partnered with for some of your other information. Is that correct or is it going to be directly on the Aetna website?

Male Speaker: Again as we investigate that issue we'll be getting back with answers. Do you want us to contact you directly?

Cindy Mann: Yes, absolutely. Because I work with the University of Kansas Hospital and we definitely need to know what is going on with that.

Male Speaker: Yeah, I know we have your number previously, but if you don't mind just shoot it, so we can.

Cindy Mann: Oh sure, it's not a problem, it's 913-945-5206.

Operator: Thank you and your next question comes from a line of Alan Webber.

Alan Webber: Yeah, it's just a follow up to the corrected claim issue. Once these issues are resolved from Aetna Better Health, will a bulletin be sent out to all the providers?

Male Speaker: Which specific issue are you talking about, Alan?

Kimberly Glenn: I think the paper work.

Male Speaker: Go ahead.

Kimberly Glenn: On the corrected claims the issues that people are addressing with the corrected claims and appeals. Since there's so many of us that have the same question regarding that will Aetna send out a bulletin to the providers on what was resolved or what the findings are, and how those corrected claims and appeal should be sent?

Male Speaker: Yeah, we'll find a communication vehicle to provide direction to providers on the best way to do reconsiderations and appeals.

Alan Webber: Thank you.

Operator: And your next question is a follow up from Cindy Mann.

Cindy Mann: And mine is on the corrected claims, we haven't had a lot here that we've had to do that with. So, can you tell me exactly what that issue is on the corrected claims that you're only taken by paper, is that correct?

Kimberly Glenn: Yes, right now it is paper. We are going to investigate what the portal capabilities are and could we get your name and who you're with again.

Cindy Mann: Yes, this is Cindy Mann, I'm with University and I'm with KU.

Operator: And your next question comes from Gail Herndon.

Gail Herndon: Hi! I'm going to address the correcting claims with Aetna as well I've been told a couple of different times through these phone calls that we should be able to correct the claim through Availity. And I've asked that question, have been told yes, we can. So, I guess I'm kind of confused. I've got a couple of claims I haven't tried to use Availity yet, but I thought we were told by Aetna that, that was the venue that we could use.

Male Speaker: Yeah, we don't have the right technical experts in the fully answer that right now, Gail. So, we're going to get back with everyone.

Gail Herndon: Okay.

Operator: Your next question comes from Barb Zimmerman.

Barb Zimmerman: Hi! This is just a follow up to that response to Availity. I've been trying to work with Availity to get a set up to receive our ERA in addition to correct claim. They were stating Aetna Kansas is not set up as a payer on their clearinghouse. So, there's no way at this point for us to receive ERA's or correct claims through Availity.

Male Speaker: So, you're saying Availity is your vendor?

Barb Zimmerman: It's a clearinghouse vendor. We use them with Amerigroup. So, we had been set up with them, but when we tried to change the payer to Aetna they're saying that you're not affiliated with Availity to a premium account to allow us to receive our information through them.

Male Speaker: So, we will be glad to have a detailed discussion with the people of technical expertise, but just clarity here. Our electronic clearinghouse vendor is Change Healthcare and so the providers, clearinghouse needs to work with Change Healthcare for the electronic piece to work. And so if Availity is your vendor - if there's a problem from Change Healthcare working with another vendor, that's one thing, we need to resolve if your clearinghouse is in fully connected or isn't making available all the services that are available through Change Healthcare that's a different issue. So, just need to make sure that we separate issues between these clearinghouses isn't fully connected. And we can address that one-on-one. But our clearinghouse is Change Healthcare.

Operator: Next question comes from Cindy Mann.

Cindy Mann: Okay. So, Change Healthcare is your Clearinghouse. So, that would be where we would actually be able to do corrected claims and correct. It wouldn't be through the Aetna website, it would be through Change Healthcare website which is similar to what we're talking about that for Amerigroup, we did everything, we could do things on Availity. So, that's why I'm asking is Change Healthcare where we would be able to do the corrected claims and possibly be able to do those reconsideration and appeals.

Male Speaker: Again, we're going to revisit the corrected claims issue with everyone that

asked, right? We can resolve that today first?

Cindy Mann: No, I understand that. I just wanted to know if that's possibly what you would be doing instead of directly onto your website it perhaps may be able to go through the Change Healthcare. So, you know, wait until you get back with this, but thanks.

Kimberly Glenn: Cindy, so as other providers, we will work on this between now and we will work on getting a communication together once we get everything pulled together and go from there.

Operator: Your next question comes from a line of Alan Webber.

Alan Webber: Just follow up to the ERAs. My clearinghouse is SSI Group, Inc. They were told that it's not Change Healthcare that it has to go through Availity. And we first originally started with Change Healthcare. We're trying to get the connection established with them. Then they were told now we have to go through Availity, so that might be part of our problem if we're trying to connect to the wrong clearing house, I don't know.

Kimberly Glenn: Thank you for that, Alan. And what we'll do between this whole thing, we will address both. ERA going from there and how that whole process works and then we'll address corrected claim. So, I think we've got two buckets that we really do need to work flow out and get that communication out to providers via bulletin report.

Alan Webber: Okay, thank you.

Operator: Your next question comes from Linda Farewell.

Linda Farewell: Hi! I'm just wondering I know everybody says this is the last call, but the information coming from all the different resources on this call is very helpful to me. And I'm wondering if it's not possible we just continue these calls through May just to make sure everything's going good with extending the transition of care, that type of thing, is that possible? Hello, hello?

Male Speaker: Becky, do you want to comment?

Operator: Presenters, Becky's line has disconnected.

Linda Farewell: So, you can hear me?

Kimberly Glenn: Yes, we can hear you, but I think it's the state that's ([inaudible]) responding it sounds like there line may have disconnected. Is there anybody from the state still on the call?

Candace Cobb: Hello, this is Candace with First Data. We will make sure that we take that question back to the state. In the meantime, I'll email someone to see if they don't realize they've disconnected.

Operator: Okay, thank you.

Candace Cobb: You are welcome.

Operator: Ladies and gentlemen, that's all the questions for today. We thank you for your participation and ask you to please disconnect your lines.